

**SAMPLE MAPPING #2**  
**NEBRASKA FORM 80:**  
**MOTOR FUELS CARRIER REPORT**

**TRANSACTION SET HEADER EXAMPLE #2**

**Notes:** Please reference the attached sample form to compare to this EDI mapping.

The Header contains only required data from the Form 80. This includes Line 3 and identification and address information. Other line items are either in the Detail portion or are not captured.

```
1  ST~813~0005\  
2  BTI~T6~NE80~47~NE16~20000220~JB(space)T~24~476332220~49~0226130~~~00~\  
3  DTM~194~20000131~~~\  
4  TIA~5067~~1000\  
5  N1~TP~JB TRANSPORT CO\  
6  N2~JB TRANSPORT CO~\  
7  N3~333 SOUTH STREET~\  
8  N4~ANYTOWN~NE~68511~US\  
9  N1~31~JB TRANSPORT CO\  
10 N3~PO BOX 28~\  
11 N4~ANYTOWN~NE~68511~US\  
12 PER~TP~JERRY BRYAN~TE~4025554567~~~~~\  

```

**FORM 80: TRANSACTION SET TRAILER EXAMPLE #2**

**Notes:** The Detail contains only the REF, for No Activity. In this example, the TFS segment is coded to indicate that no schedules are used.

```
13  TFS~T2~NE80\  
14  REF~BE~1\  

```

**FORM 80: TRANSACTION SET TRAILER EXAMPLE #2**

**Notes:** The Trailer “SE” segment counts the number of segments within ST-SE loop, including the ST and SE. The SE also contains a control number that ties it to the ST.

```
15  SE~15~0005\  

```



# Nebraska Motor Fuels Carrier Report

FORM  
**80**

• Read instructions and complete enclosed schedule

PLEASE DO NOT WRITE IN THIS SPACE

Federal Employer Identification Number    Reporting Month    Nebraska Identification Number  
47-6332220    December 1999    0226130

☒ Check this box if you have no diverted loads of fuel.

JB TRANSPORT COMPANY  
JB TRANSPORT COMPANY  
333 SOUTH STREET  
ANYTOWN NE 68511

J B TRANSPORT COMPANY  
PO BOX 28  
ANYTOWN NE 68511

☐ Check this box to **CANCEL**.  
Attach license and indicate cancellation date \_\_\_\_\_.

• **ROUND TO WHOLE GALLONS . Round down all amounts less than .50 and round up all amounts .50 through .99.**

Total gross gallons of diverted loads of motor fuels from Motor Fuels Diversion Schedule . . . . .

Under penalties of law, I declare that I have examined this report and schedule(s), and to the best of my knowledge and belief, they are correct and complete.

sign  
here

*Jerry Bryan*  
Authorized Signature

*Accounting Clerk*  
Title

( *402 555-4567* )  
Telephone Number

*2-20-2000*  
Date

\_\_\_\_\_  
Signature of Preparer Other than Taxpayer

\_\_\_\_\_  
Address

(    )

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

## INSTRUCTIONS

**WHO MUST FILE.** Every common or contract carrier transporting motor vehicle fuels, aircraft fuels, or diesel fuels in Nebraska is required to file a Nebraska Motor Fuels Carrier Report, Form 80.

File only the original, preidentified report issued by the Motor Fuels Division. If the name and address is incorrect, mark through the erroneous information and plainly print the correct information.

A report is required for each month or fraction of a month during which the license is active whether or not any motor vehicle fuels, aircraft fuels, or undyed diesel fuel were diverted from or to Nebraska.

A diverted load occurs whenever the bill of lading indicates a destination state other than the state to which the fuel was delivered.

If there were no diverted loads for the reporting period, check the box under the Federal Employer Identification Number, sign the report, and mail by the due date.

If you had any diverted loads for the reporting period, complete the Motor Fuels Diversion Schedule on the reverse.

You must also register the diversion with the National Motor Fuels Diversion Registry. Call 1-888-367-1600 and follow the voice prompts.

**WHEN TO FILE.** This report, properly signed, is considered timely filed if postmarked on or before the 20th day of the month following the month covered by this report. A report is required even if no fuel was transported in a common or contract carriage capacity by you during the reporting month.

**PENALTY.** A penalty of \$50 will be imposed on late reports filed within 10 days after the due date. An additional penalty of \$100 will be imposed on reports filed more than 10 days after the due date.

**RECORDS.** The records required to substantiate this report must be retained and available for at least three years, or five years if the required reports are not filed. Please make copies of this report and schedules for your records.

**SIGNATURE.** This report must be signed by the owner, partner, or corporate officer. If the taxpayer authorizes another person to sign this report, a power of attorney must be on file with the Motor Fuels Division. Any person paid for preparing a taxpayer's report must sign the report as preparer.

**TAXPAYER ASSISTANCE.** For additional information, please contact the Motor Fuels Division, P. O. Box 98904, Lincoln, NE 68509-8904 or call toll free 800-554-FUEL (800-554-3835). Lincoln area residents call 471-5730.

**THIS REPORT IS DUE ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE REPORTING MONTH INDICATED ABOVE.**

Mail the original report and schedule(s) to: **MOTOR FUELS DIVISION, P.O. BOX 98904, LINCOLN, NE 68509-8904**